

Benne, Joy

From: Benne, Joy
Sent: Tuesday, August 21, 2018 11:48 AM
To: 'Mary Taylor'; DFAS A2APrograms
Subject: RE: AFL - New Sub-Contractor - Christian Family Services

Mary,
Christian Family Services is approved.
Thanks.

Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services
Division of Finance & Administrative Services
Phone: (573) 751-7027
Email: joy.e.benne@dss.mo.gov

From: Mary Taylor [<mailto:mary@allianceforlifemissouri.com>]
Sent: Monday, August 20, 2018 4:22 PM
To: DFAS A2APrograms
Subject: AFL - New Sub-Contractor - Christian Family Services
Importance: High

Hi Joy,

We have another new sub-contractor, Christian Family Services, Inc., to add to our team. I have attached their paperwork for your review and processing. Including if you could please add them to the database.

Once I hear back from you, I will initiate their set up/access to the A2A database.

If there is anything else you need, please let me know and I will get it to you as soon as I can.

Thank you,

Mary Taylor
A2A Program Manager
487 SW Ward Road
Lee's Summit, MO 64081
PH: 816-806-4168
FAX: 855-856-5240
www.allianceforlifemissouri.com



Our Vision: To unify and champion LIFE ministries.

*Our Mission: To save and change lives through **Equipping** people, **Empowering** ministries, and **Engaging** communities toward a culture of LIFE.*

EXHIBIT B**VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

Christian Family Services, is a non-profit child placing and counseling agency. We were established in 1973 to provide services to children and families in need. We're licensed to practice in Missouri and Illinois (Agency ID# 072877).

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

CFS provides: maternity counseling to clients considering an adoption plan, adoptive placement services, professional counseling, family life education and enrichment; and ConnectCare, a voluntary, short-term foster care program. Our web address is www.stlcfs.org

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

CFS does not currently hold comparable contracts for similar services. There is one contract in place with the State of Washington's Department of Children, Youth and Families to provide follow-up case management visits to a client in their custody. The agency is working under a one-year grant from the Jefferson Foundation to provide staff and logistical support for the purpose of expanding the current scope of service provision into Jefferson County, Missouri.

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

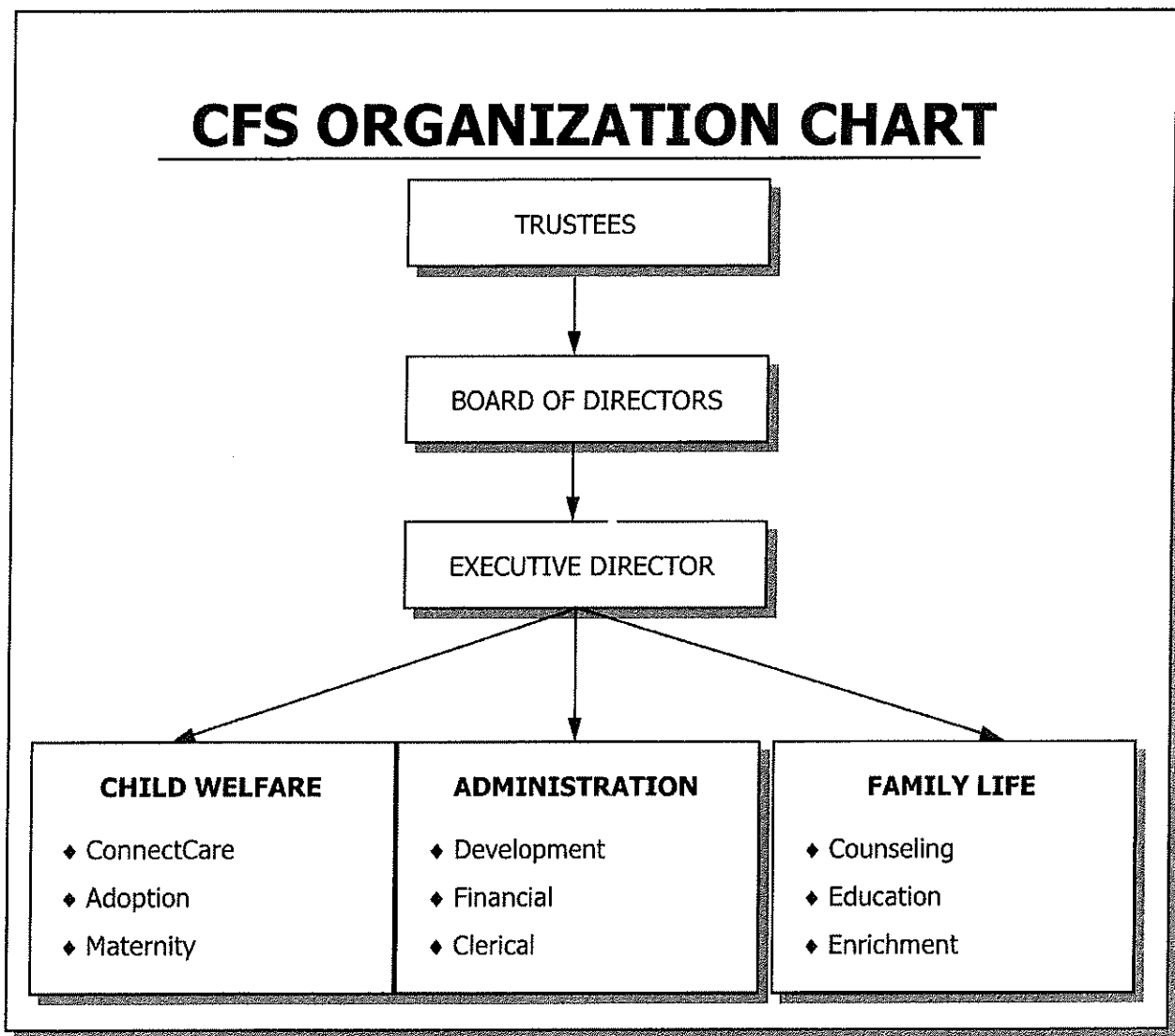
N/A

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes	
Identify specific information about experience:	Clearly identify and describe the experience
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	CFS provides services through the ConnectCare program which allows families to place their children into temporary care with a licensed foster family, retaining full custody while they work to resolve any urgent situational issues. Agency workers follow up with parents to provide ongoing parental support and education and to connect them with additional community resources. The goal of the program is to help the family stabilize and work towards reunification as quickly as possible. CFS also completes guardianship suitability studies for relatives to assume care and responsibility of children within their family unit when the custodial parent is unable to do so.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	CFS works with clients in both the ConnectCare and maternity program to ensure they have access to a wide range of supportive services available in the community. This most often includes support in arranging stable housing, permanent

	employment, and individual and family counseling in an effort to promote the clients' capacity for sustainable self-sufficiency.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	When engaging with clients to provide birth parent counseling and general family support, staff encourage clients to carefully consider the responsibility involved in parenting a child and discuss ways to minimize the risk of unintended pregnancy.
Encouraging the formation and maintenance of two-parent families	<ul style="list-style-type: none"> - When working with clients providing maternity counseling and other family support, staff counsel clients to consider all of the implications of their current life circumstances as they relate to parenting and their well-being as well as the child's. - The Family Life Program offers marriage seminars and offer pre-marital counseling which the Child Welfare/Maternity program coordinate with as appropriate.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.



7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a

Attachment 16

disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

N/A

EXHIBIT C

CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Tamara Harris-Romain, Social Worker

Name and Title of Authorized Representative

Tamara Harris-Romain

Signature

08/14/2018

Date

EXHIBIT D**CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: Christian Family Services, Inc. (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For :)	
Name of Reference Company/Client:	Alliance For Life
Address of Reference Company/Client:	487 SW Ward Rd. Lee's Summit, MO 64081
Reference Contact Person Name, Phone #, and E-mail Address:	Marsha Middleton
Title/Name of Service/Contract	CEO
Dates of Service/Contract:	July 2018 – June 2019
If service/contract has terminated, specify reason:	
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	** Christian Family Services, Inc. is a new subcontractor with Alliance For Life.
Size of Service/Contract (in terms of vendor's total amount of business)	N/A
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	N/A
Personnel Assigned to Service/Contract (include position title):	Tamara Harris-Romain, Social Worker Lauren Fischer, Social Worker

EXHIBIT E**EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

Title of Position: <u>Social Worker</u>	
Name of Person:	Tamara Harris-Romain
Educational Degree (s): include college or university, major, and dates	MSW, Washington University in St. Louis Concentration: Program development for populations at risk 8/2007-5/2009 BSW, Freed Hardeman University, Henderson, TN Major: Social Work & Vocational Ministry 8/2003- 8/2006
License(s)/Certification(s), #(s), expiration date(s), if applicable:	LMSW: 150.012562 (IL)
Specialized Training Completed.	Mental Health First Aid
# of years experience in area of service proposed to provide:	Nine (9) years
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee (9 years)
Describe this person's responsibilities over the past 12 months.	<ul style="list-style-type: none"> • Counsel expectant parents of their options. • Assess needs of clients and collaborates with client to develop a treatment plan. • Assist in adoption planning. • Provide relevant referrals to clients • Coordinate with attorneys • Generate reports for Family Court
Previous employer(s), positions, and dates	Site Director for an after school program Provident Counseling 10/2009- 3/2010 Family Hospice Hospice social worker 9/2009- 3/2010 Pathways Behavioral Health Services/Jackson General Hospital Adult Mental Case Manager: 10/2006- 08/2007
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience.

Title of Position: <u>Social Worker</u>	
✓ Early childhood development	Completed training on in-utero exposure of drugs and substances on an unborn child. Provide support and education with parenting mothers with their infants (11/2010- present). SIDS trainer.
✓ Family/marital counseling	Co-facilitated group therapy for students and support group for parents (August 2007-May 2008) Work with families as necessary in helping clients through options counseling. (Nov 2010 – present)
✓ Social work	Worked in a variety of capacities with several agencies: Mobile crisis work and case management for adults with chronic mental health diagnoses (May 2005- August 2007). Interventions with high school students with developmental and behavioral problems (8/2007-5/2008) Evaluated restorative justice program for juvenile offenders, developed an evidenced based program for female juvenile offenders with a history of abuse, and screened first time juvenile offenders for community justice program (6/2008-01/2009), Developed programming for children (9/2009-3/2010), Assessed terminally ill patients and assisted their family members for the departure of their loved one (10/2009-3/2010). Counsel pregnant and expectant parents regarding their options, licensed foster families, assessed for needs (11/2010 – present).
✓ Case management	Collaborate with client to develop an individualized treatment plan Referrals to community support services (12 years)
✓ Program administration	Developed and maintained quality programming for young children and youth, promoted the program to maintain average daily attendance, supervised program staff and volunteers, and wrote monthly reports to funders ((9/2009 - 3/2010).

EXHIBIT E**EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

Title of Position: <u>Social Worker</u>	
Name of Person:	Lauren Fischer
Educational Degree (s): include college or university, major, and dates	MSW, Washington University in St. Louis Concentration: Mental Health and International Development 8/2012-5/2014 AB, Washington University in St. Louis Major: Psychology Minor: Spanish 8/2009-5/2013
License(s)/Certification(s), #(s), expiration date(s), if applicable:	IL child placing license #072877 Worker #520388
Specialized Training Completed.	N/A
# of years experience in area of service proposed to provide:	6
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee (5 months)
Describe this person's responsibilities over the past 12 months.	Met with maternity clients to provide birthparent counseling, and engaged in case management to address key needs and connect with other community resources. Worked to establish connections and collaborative relationships as part of new agency initiative to expand services into a neighboring county. Previously worked as program coordinator overseeing two transitional and independent living programs for youth who were homeless or aging out of the foster care system in St. Louis.
Previous employer(s), positions, and dates	Epworth Children & Family Services ILP/TLP Coordinator 7/2017-4/2018 Hope Renewed International Assistant Director 6/2014-12/2016
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience.
✓ Early childhood development	Completed some program assessment for preschool in low-income neighborhood of Guatemala City (May-July 2013). Engaged in clinical supervision and case coordination with

Title of Position: <u>Social Worker</u>	
	staff, physicians, psychiatrists, vendors, supporters, and regional legal systems to provide care for girls aged 3-18 in a girls' home in Mazatenango, Guatemala (June 2014-December 2016). Completed continuing educational training in the effects of child maltreatment on infant brain development.
✓ Family/marital counseling	Provided counseling and therapy as a supervised intern for individuals, couples, and families at an immigrant and refugee service agency (August 2013-May 2014).
✓ Social work	Worked in a variety of capacities with several agencies during the course of social work training programs and professionally thereafter. Supported employment program for homeless individuals, including veterans and ex-offenders, at a large homeless services agency in downtown St. Louis as a program intern (January-May 2012). Developed housing opportunities for underserved youth in collaboration with social work team at a large children's service agency in St. Louis County (July 2017-April 2018).
✓ Case management	Assisted in client support for various employment searches and agency job development tasks at homeless services agency (January-May 2012). Covered case management responsibilities for social workers on team as program coordinator at Epworth, holding required contact meetings, providing transportation, participating in team meetings, and advocating for housing opportunities (July 2017-April 2018). Currently work with birth mothers who are considering an adoption plan to address any relevant areas of need and connect them with additional community supports (April 2018-present).
✓ Program administration	Served as assistant director for a small nonprofit in Guatemala that provides care, education, and vocational opportunities for children and youth removed from their homes, residents of several low-income areas of the capital city, and incarcerated individuals and former gang members (June 2014-December 2016). Continue to coordinate clinical care via remote consultation. Supervised half of social work team across two youth housing programs in St. Louis (July 2017-April 2018). Currently assist with grant execution and reporting for new initiative expanding adoption, counseling, and voluntary foster care services into neighboring county in St. Louis region (June 2018-present).

EXHIBIT K**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION****BUSINESS ENTITY CERTIFICATION:**

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- | | |
|---------------|---|
| BOX A: | To be completed by a non-business entity as defined below. |
| BOX B: | To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.uscis.gov/e-verify . |
| BOX C: | To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing. |

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- ☐ - I am a self-employed individual with no employees; **OR**
- ☐ - The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a contract for the services requested herein under _____ (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

EXHIBIT K, continued

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that Christian Family Services, Inc. (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Jodi R. Mitchell

Authorized Business Entity Representative's
Name (Please Print)

Jodi R Mitchell

Authorized Business Entity
Representative's Signature

Christian Family Services, Inc.

Business Entity Name

8/14/2018

Date

jmittell@cfserve.org

E-Mail Address

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submission of all of the following:

- ☒- Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;
- AND
- ☒- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted;
- AND
- ☒- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.



Company ID Number: [REDACTED]

Approved by:

Employer Christian Family Services, Inc.	
Name (Please Type or Print) Jodi Mitchell	Title
Signature Electronically Signed	Date 08/14/2018
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 08/14/2018

EXHIBIT K, continuedAFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now, Jodi R. Mitchell (Name of Business Entity Authorized Representative) as Social Services Supervisor/ Office Administrator (Position/Title) first being duly sworn on my oath, affirm Christian Family (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Christian Family Services, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Jodi R. Mitchell
Authorized Representative's Signature

Jodi R. Mitchell
Printed Name

Social Services Supervisor/ Office Administrator
Title

8/14/2018
Date

jmittell@cfserve.org
E-Mail Address

[REDACTED]
E-Verify Company ID Number

Subscribed and sworn to before me this 14th of Aug. 2018. I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of St. Louis, State of
(NAME OF COUNTY)
Missouri, and my commission expires on 09/12/2020.
(NAME OF STATE) (DATE)

Alexander L. Hill 08/14/2018
Signature of Notary Date

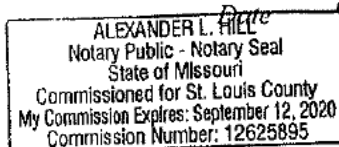


EXHIBIT K, continued

(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)

BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that _____ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of **Missouri State Agency** or **Public University*** to Which Previous E-Verify Documentation Submitted: _____

(*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: _____

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted: _____ (if known)

Authorized Business Entity Representative's
Name (Please Print)

*Authorized Business Entity
Representative's Signature*

Business Entity Name

Date

E-Mail Address

E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

Buyer

Date

AFFIDAVIT OF WORK AUTHORIZATION:

Comes now Jodi R. Mitchell (Name of Business Entity Authorized Representative) as Social Services Supervisor/ Office Administrator (Position/Title) first being duly sworn on my oath, affirm Christian Family Services, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Christian Family Services, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Jodi R Mitchell
Authorized Representative's Signature

Jodi R. Mitchell
Printed Name

Social Services Supervisor/ Office Administrator
Title

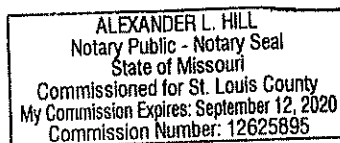
8/14/2018
Date

jmittchell@cfserve.org
E-Mail Address

E-Verify Company ID Number

Subscribed and sworn to before me this 14th of Aug 2018. I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of St Louis, State of
(NAME OF COUNTY)
Missouri, and my commission expires on 09/12/2020.
(NAME OF STATE) (DATE)

Alexander L. Hill 08/14/2018
Signature of Notary Date



Alternatives to Abortion Sub-Contractor Confidentiality Agreement

With regards to the Health Insurance Portability And Accountability Act of 1996 (HIPAA) – Christian Family Services, Inc., a sub-contractor of the Alliance for Life – Missouri shall not use or disclose Protected Health Information other than is permitted or required by the contract or as otherwise required by law.

The sub-contractor shall use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than is provided for by the contract.

With respect to Electronic Protected Health Information (A2A database), the sub-contractor shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Electronic Protected Health Information that the sub-contractor creates, receives, maintains or transmits on behalf of the contractor.

The sub-contractor shall administer safeguards that include but are not limited to:

- 1) Workforce training on the appropriate uses and disclosures of Protected Health Information pursuant to the terms of the contract.
- 2) Policies and procedures implemented by the sub-contractor to prevent inappropriate uses and disclosures of Protected Health Information by it's workforce.
- 3) Any other safeguards necessary to prevent inappropriate use or disclosure of Protected Health Information.
- 4) Signed "confidentiality agreements" shall be signed by all workforce that has access to Protected Health Information in regards to servicing of this contract.

Tamara Harris - Romain
 Printed Name
Tamara Harris - Romain, Social Worker
 Signature and Title

08/13/2018
 Date
08/13/2018
 Date

Alliance for Life- Missouri inc. Administrator

Date

Marsha J. Middleton, CEO
 Printed Name and title